PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			THAN
TOTAL CLAIMS			4	4				RATE	FEE		RATE	FEE
FOF			NUMBER FI	NUMBER FILED		NUMBER EXTRA		BASIC FEE	370.00	OR	ASIC FEE	740.00
·TOT	AL CHARGEAB	LE CLAIMS	y minu	/ minus 20=		• 4		X\$ 9=		OR	X\$18=	
IND	PENDENT CLA	IMS	Y mini	y minus 3 =		* /		X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	8 24
CLAIMS AS AMENDED - PART II											OTHER	
(Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMEN		PREV	MBER MOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 4	Minus	- Z	0,	=		X\$ 9=		OR	X\$18=	
MEN	Independent	. 4	Minus	***	7			X42=		OR	X84=	
<b>∀</b>	FIRST PRESE	NTATION OF	MULTIPLE DEP	ENDEN	T CLAIM		J	+140=		OR	+280=	
											TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	G ·	HIC NU PRE\	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	. 4.	Minus	** 0	20	=		X\$ 9=	j	OR	X\$1B=	
NE NE	Independent	. 4	Minus	. ***	4			X42=		OR	X84=	
L	FIRST PRESE	NTATION OF	MULTIPLE DEF	PENDE	VI CLAIM		٢	+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
-		(Column	0		lumn 2)	(Column	3)			-		
AMENDMENT C		CLAIMS REMAININ AFTER AMENDME	IG	NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	. 9	Minus	**	20			X\$ 9=	\	OR	X\$18=	
MEN	Independent	. 4	Minus	***	4			X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	If the entry in colu	TOTAL		OR	TOTAL ADDIT. FEI							
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

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**Application or Docket Number**